FEE TRANSMITTAL    Application Number   10/791,062   10/7					Complete if Known				
For FY 2005   First Named Inventor   Craig P. Egan   Examiner Name   3611					tion Number	10	)/791,062		
Comparison   Com					Filing Date				
Matthew D. Luby   Matthew D. Luby   Matthew D. Luby   TOTAL AMOUNT OF PAYMENT (\$) 200   Attomey Docket Number   K35.12-0008	FEB 6 1 2005 For FY 2005				med Inventor	C	raig P. Egan		
METHOD OF PAYMENT (Check all that apply)	, <u>ē</u> /				er Name	36	§11		
METHOD OF PAYMENT (Check all that apply)  □ Check S Credit Card □ Money Order □ None □ Other (Please Identify): □ Deposit Account. Deposit Account Number: 23-1123 Deposit Account Name: Westman. Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee □ Charge any additional fee(s) or underpayment of fee(s) □ Credit any overpayments under 37 CFR.1-6 and 1.17 Wenting: Information on this form may become public. Credit card Information abould not be Included on this form. Provide credit card Information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Application Type FILING FEES SARCH FEES SAMINATION FEES Small Entity Fee (5) Fee Paid	Applicant claims small entity status. See 37 CFR 1.27					М	atthew D. Luby		
Check	TOTAL AMOU	INT OF PAYMENT	(\$) 200	Attorne	y Docket Numbe	er K	35.12-0008		
Seposit Account Name:	METHOD OF PAYMENT (Check all that apply)								
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For the above-identified depost account, the Director is hereby authorized to: (check, all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Experiments	_ = = = = = = = = = = = = = = = = = = =								
Clarge any additional fee(s) or underpayment of fee(s)   Credit any overpayments under 37 CFR 1.16 and 1.17   Wanning information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2028.    FEE CALCULATION									
Uniter 37 CFR 1.16 and 1.17	☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee								
FEE CALCULATION									
Telephone   Fee Calculation									
Application Type									
Small Entity   Fee (\$)   Fee (\$)	1. BASIC FIL	ING, SEARCH, AND EX	AMINATION FEES						
Fee (\$)   Plant	Application T	<del></del>		H FEES	EXAMINA	TION FEE	S		
Utility 300 150 500 250 200 100					F (A)		ity		
Design   200   100   100   50   130   65     Plant   200   100   300   150   160   80     Reissue   300   150   500   250   600   300     Provisional   200   100   0   0   0   0     Provisional   200   100   100   100     Provisional   200   100   100   100   100     Provisional   200   100   100   100   100     Provisional   200   100   100   100   100   100     Multiple dependent claim wor 3 or, for Reissues, each independent claim more than in the original patent   200   100							Fee	es Paid (\$)	
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Provisional   200   100   0   0   0   0   0   0   0   0									
Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  17 - 20 or HP = 0	Provisional								
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  4 - 3 or HP = 1 x 200 = 200  HP = highest number of independent claims paid for, if greater than 20  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 - 100 = 0 / 50 = 0 (round up to a whole number) x  Registration No. (Attorney/Agent)  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone: 612-334-3222	Smail Endly								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  17 - 20 or HP = 0 x 50 = 0  Indep. Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  4 - 3 or HP = 1 x 200 = 200  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 - 100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No.  (Attorney/Agent)  Registration No.  (Attorney/Agent)  Telephone: 612-334-3222		<del></del>					·	· · · · · · · · · · · · · · · · · · ·	
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  A - 3 or HP = 1	<u> </u>								
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 - 100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)		_							
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fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	3. APPLICATION SIZE FEE								
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Non-English Specification, \$130 fee (no small entity discount) Other:  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone: 612-334-3222	0	- 100 = <b>0</b>	/ 50 =	<b>0</b> (rou	ınd <b>up</b> to a whol	e number)	x <u>250</u>	= <u>0</u>	
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Name (Print/Type) Nickgas E Westman Date:		Mad	plow	ul			20,147	Telephone: 612-334-3222	
	Name (Print/T	ype) Nickolas E We	stman	- 0	<del>_</del>			Date:	